

Standard Operating Procedures

9 Line Medical Evacuations

1. PURPOSE. To outline the procedures and responsibilities of the requesting unit and provide proper instructions on requesting a 9 line MEDEVAC.

2. GENERAL

a. This SOP establishes standards for the safe Medical Evacuations of personnel on Ranges or Training Areas. Safety and the expedient evacuation of personnel are of paramount importance and will be stressed throughout the evacuation procedures.

3. APPLICABILITY.

The provisions of this Standard Operating Procedures (SOP) are applicable to any person, military or civilian that utilizes this training site in any capacity. This SOP will be maintained by the Officer in Charge (OIC) at all times while the unit is located at the training site.

4. RESPONSIBILITIES.

a. In case of an emergency MEDEVAC is needed the unit will contact Range Control with the 9 line MEDEVAC procedures either by FM; radio (provided by Range Control), SINGARS radio on frequency 42000 or by landline at 791-5008 or 791-5005. Weekends or after duty hours report all INCIDENTS to IOC at 791-9747.

b. When requesting a MEDEVAC the following information is required.

- (1). Location of pickup site
- (2). Radio Frequency, Call sign and Suffix
- (3). Number of Patients by precedence
- (4). Special equipment required
- (5). Number of Patients by type
- (6). Number and Type of wounds, injury or illness
- (7). Method of Marking pickup Site
- (8). Patient Nationality and Status
- (9). Terrain Description

FORM – 9 – Line MEDEVAC

TO BE USED FOR PEACE TIME MEDEVAC / CASEVAC. CALL RANGE CONTROL AT 791-5005/5008 OR MOTOROLA RADIO/FM PRI 42.000/ IF YOU CAN NOT REACH RANGE CONTROL, DIAL 911.

		DATE REPORTED:	TIME:
LINE 1. PICK - UP LOCATION:		DATE / TIME INCIDENT OCCURRED:	

LINE 2. UNIT FREQ:	CALL SIGN:	OIC/UNIT:		
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LINE 3. NUMBER OF PATIENTS BY PRECEDENCE: PATIENTS BY PRECEDENCE:	A. URGENT	B. URGENT SURGERY	C. PRIORITY	D. ROUTINE	E. CONVENIENCE

LINE 4. SPECIAL EQUIPMENT REQUIRED: MARK (x)	A. NONE	B. HOIST	C. EXTRACTION	D. VENILATOR
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LINE 5. NUMBER OF PATIENTS BY TYPE: PATIENTS BY TYPE:	A. LITER	B. AMBULATORY
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LINE 6. NUMBER & TYPES OF WOUNDS, ILLNESSES, OR INJURIES:	NO:	TYPE:

LINE 7. METHOD OF MARKING THE PICK-UP SITE.	A. PANELS	B. PYRO/TYPER	C. SMOKE/ COLOR	D. NONE	E. EXPLAIN

LINE 8. PATIENT'S NATIONALITY AND STATUS.	A. US MILITARY	B. US CIVILIAN	C. NON-US MIL	D. NON-US CIV	E. EPW

RANK	NAME	SSN	AGE RACE	CATEGORY ABOVE

